Monthly Operating Report						_	em Inf						
		All SW an	d GUI (ex	cept alt. fi	Itration)	Treatm	ent plar	nt/pump	station:				
Syst	tem Name:					Select one Community System →							
PWSID#:						Non-transient Non-community → □							
Designated operator name and						Transient Non-Community → □							
ME License #:						List any new or changed system information (facilities, treatments, sources,							
e-mail address:						operators, address, tele, ect.):							
R	eporting per	riod (month a	and year):										
						List any operation problems or comments:							
Signature:Date:													
Daily water production					From table below:	Chemical usage - daily or monthly totals							
Date	Mgals	Peak hourly	filt.or finish	Dis. log		1	2	3	4	5	6	7	8
1	pumped	flow (GPM)	рН	inactivation	List units:								
2				\	(i.e. lbs, gal)								
3					Doporting dia								
5					Reporting dis. log								
6					inactivation is								
7					optional.								
8													
10					If only able to report								
11					monthly total,								
12 13					enter it on								
14					this line.								
15					│								
16 17					-								
18					1								
19													
20 21					-								
22					†								
23													
24 25					-								
26													
27													
28 29													
30					1								
31													
Summary]								
	(total)	(avg.)	(avg.)	(min.)		(total)	(total)	(total)	(total)	(total)	(total)	(total)	(total)
				(report fluc	Chemical pride info on s		uoride fo	rm)					
Ī	Number						Purpose				Chemical Strength		
	1												
	2												
[3 4 5 6 7 8												
}													
}													
L	<u> </u>												
		cteria Rule											
			per of routine		Number of positive samples:								
		Number	of routine sar		Number of repeat samples taken:								

Form: MOR-001